

Reset Form

## DISCLOSURE SUMMARY PAGE

FORM

DR-2

DISCLOSURE  
REPORT

(Rev. 12/2005)

For Office Use Only

Comm #

Logged In

Scanned

Computer

Audited

File with:

Iowa Ethics and Campaign  
Disclosure Board  
510 E. 12<sup>th</sup>, Ste. 1A  
Des Moines, Iowa 50319  
Fax: 515-281-3701

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens for Wessel-KnoeschellIMPORTANT: Indicate by # type of committee you are reporting for: 1(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party  
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other  
Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political  
Subdivision PAC (11) Local Ballot Issue

## CANDIDATE COMMITTEES ONLY:

Candidate Name

Beth Wessel-Knoeschell

Political Party (if applicable)

Democrat

Office Sought

Representative-IA. House

District (if Senate or House)

45

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code section 68B.32A(7) the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

SIGNATURE OF PERSON FILING REPORT

TELEPHONE

DATE SIGNED

I AM FILING A May 19, 2010

(report date)

REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

Indicate by # 1☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in  
which Election is held

## STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)7942.50

## ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below)

3448.00

Schedule F: Loans Received total (Attach Schedule F)

0

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

11390.50

## SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)

570.76

Schedule F: Loan Repayments total (Attach Schedule F)

0

CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3)

10819.74

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D)

\*\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES NO

## CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form



# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

*Citizens for Wessel-Kroeschell*

STATE CANDIDATES NOTE: If a CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
3-10-10	ID# CK#	Teresa Rosenberg 811 Ridgewood Ave Ames, IA 50010		\$ 75	<input type="checkbox"/>
3-13-10	ID# CK#	Lester L. Moore 2003 Cessna St. Ames, IA 50014		25	<input type="checkbox"/>
"	ID# CK#	Thomas A. Weber 430 Lynn Ave Ames, IA 50014		100	<input type="checkbox"/>
3-14-10	ID# CK#	Robert Kerksieck 621 Garden Rd. Ames, IA 50010		50	<input type="checkbox"/>
3-13-10	ID# CK#	Joan Dubberke 1523 Carroll Ave Ames, IA 50010		40	<input type="checkbox"/>
3-15-10	ID# CK#	Jasmine B. Seagrave 318 Westbrook CN Ames, IA 50014		25	<input type="checkbox"/>
"	ID# CK#	Douglas K. Finnemore 2107 Northcrest Dr. Ames, IA 50010		75	<input type="checkbox"/>
"	ID# CK#	Martys J. Potter 1902 Northcrest Circle Ames, IA 50010		30	<input type="checkbox"/>
"	ID# CK#	Carl L. Tipton 415 Briarwood Pl. Ames, IA 50014		25	<input type="checkbox"/>
"	ID# CK#	Mary Richards 3217 West St. Ames, IA 50010		75	<input type="checkbox"/>

SUB-TOTAL

\$ 520

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form



# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

*Citizens for Wessel-Knoerschell*

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3-11-10	ID# CK#	George Belitsos 5500 LINCOLN WAY Ames, IA 50014		\$ 25.00	<input checked="" type="checkbox"/>
"	ID# CK#	Charles R. Sage 435 Welch Ave Ames, IA 50014		100	<input checked="" type="checkbox"/>
3-10-10	ID# CK#	DAVID & HANNA GRADWOHL 2003 Ashmore Dr. Ames, IA 50014		25	<input checked="" type="checkbox"/>
3-11-10	ID# CK#	KATHRYN MADERA MILLER 1624 TRUMAN DR. Ames, IA 50010		25	<input checked="" type="checkbox"/>
3-12-10	ID# CK#	STEWART L. BURGER 2502 BRISTOL DR. Ames, IA 50010		75	<input checked="" type="checkbox"/>
3-12-10	ID# CK#	Irene Beavers 2200 HAMILTON DR., Apt. 208 Ames, IA 50014		50	<input checked="" type="checkbox"/>
3-11-10	ID# CK#	JENNIFER L. GREIMAN 1518 13th ST. Ames, IA 50010		100	<input checked="" type="checkbox"/>
3-10-10	ID# CK#	KATHRYN E. ESCHBACH 727 Ridgewood Ames, IA 50010		50	<input checked="" type="checkbox"/>
3-12-10	ID# CK#	Deborah Z. Gitchell 2513 Northwood Dr. Ames, IA 50010		25	<input checked="" type="checkbox"/>
3-15-10	ID# CK#	Randi Peters 3127 Greenwood Rd. Ames, IA 50014		75	<input checked="" type="checkbox"/>
SUB-TOTAL				\$550	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

For Instructions, See Back of Form



**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

*Citizens for Wm. Kroeschell*

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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3-15-2010	ID# CK#	<del>MARTIN HA</del> Ted Tostlebe 1336 PARKVIEW DR. STARY CITY, IA 50248		\$25	<input checked="" type="checkbox"/>
3-18-2010	ID# CK#	GEOFFREY ABELSON 1414 GLENDALE AVE AMES, IA 50010		20	<input checked="" type="checkbox"/>
3-16-2010	ID# CK#	DOUGLAS B. HAVILAND 1100 ADAMS ST, UNIT 105 AMES, IA 50010		25	<input checked="" type="checkbox"/>
"	ID# CK#	LAURA SHANKS 1429 CLARK AVE AMES, IA 50010		25	<input checked="" type="checkbox"/>
3-20-2010	ID# CK#	CLAYTON A. SWENSON 2308 HAMILTON DR AMES, IA 50014		50	<input checked="" type="checkbox"/>
3-22-2011	ID# CK#	JOHN CLEASBY 1801 20TH ST, APT. B21 AMES, IA 50010		40	<input checked="" type="checkbox"/>
3-20-2010	ID# CK#	ROBERT E. TOSTEN 801 GRAND, ST 3900 DES MOINES, IA 50309		25	<input checked="" type="checkbox"/>
"	ID# CK#	SUE RAVENSCROFT 455 WESTWOOD DR. AMES, IA 50014		200	<input checked="" type="checkbox"/>
"	ID# CK#	LINDA R. GALLON 111 LYNN, APT. 306 AMES, IA 50014		50	<input checked="" type="checkbox"/>
"	ID# CK#	MARY SAWYER 3425 WOODLAND ST. AMES, IA 50014		20	<input checked="" type="checkbox"/>
SUB-TOTAL				\$530	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

For Instructions, See Back of Form

# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)



SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

*Citizens for Wendel-Kroeschell*

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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3-20-2010	ID# CK#	Cheryl Langston 170 Northwestern Ames, IA 50010		\$ 25	<input checked="" type="checkbox"/>
"	ID# CK#	KAREN Bolluyt 3938 Squaw Rd Ames, IA 50014		100	<input checked="" type="checkbox"/>
"	ID# CK#	Tanya Zanish-Belcher 2916 Roxboro DR. Ames, IA 50010		25	<input checked="" type="checkbox"/>
"	ID# CK#	Jim Popken 920 CLARK Ave Ames, IA 50010		30	<input checked="" type="checkbox"/>
"	ID# CK#	Robert B. Moorman 1223 9th ST. Ames, IA 50010		20	<input checked="" type="checkbox"/>
"	ID# CK#	Johnie Hammond 2203 Northcrest DR Ames, IA 50010		50	<input checked="" type="checkbox"/>
"	ID# CK#	JANICE BERAN 304 24th ST. Ames, IA 50010		25	<input checked="" type="checkbox"/>
"	ID# CK#	DAMIAN A. CORRIERI 2804 ASPEN Rd. Ames, IA 50014		35	<input checked="" type="checkbox"/>
"	ID# CK#	Andrew Bock 2815 OAKLAND ST. Ames, IA 50014		75	<input checked="" type="checkbox"/>
"	ID# CK#	Phyllis Peters 210 S. Kellogg Ames, IA 50010		50	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 435	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

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Reset Form

# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

*Citizens for Wendell-Kroeschell*

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3-20-2010	ID# CK#	ELIZABETH C. BECK 1119 ORCHARD DR. AMES, IA 50010		\$ 25	<input checked="" type="checkbox"/>
"	ID# CK#	FRANCES LESCHIN WILKE 2136 FRILEY DR AMES, IA 50014		50	<input checked="" type="checkbox"/>
"	ID# CK#	SANDY OPSTVEDT 1309 PARK VIEW DR. STORY CITY, IA 50248		25	<input checked="" type="checkbox"/>
"	ID# CK#	JUDY VANCE 1549 REAGAN DR. AMES, IA 50010		100	<input checked="" type="checkbox"/>
"	ID# CK#	PAUL FITZGERALD 907 CLAYTON RD. COLO, IA		25	<input checked="" type="checkbox"/>
"	ID# CK#	PAT MILLER 4024 ROSS RD. AMES, IA 50014		50	<input checked="" type="checkbox"/>
"	ID# CK#	CHERYL BINZEN 707 BURNETT AVE AMES, IA 50010		25	<input checked="" type="checkbox"/>
"	ID# CK#	JUSIE PETRA 2011 DUFF AVE AMES, IA 50010		30	<input checked="" type="checkbox"/>
"	ID# CK#	HERMAN QUIRMBACH 1002 JARRETT CR. AMES, IA 50014		25	<input checked="" type="checkbox"/>
"	ID# CK#	JUDY HOFFMAN 3820 QUEBEC ST. AMES, IA 50014		50	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 405	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

For Instructions, See Back of Form



# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

*Citizens for Wendell-Kroeschell*

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
3-20-2010	ID# CK#	MARY SAND 245 Todd CR. Ames, IA 50014		\$ 50	<input checked="" type="checkbox"/>
"	ID# CK#	JAMES A. GAUNT 3423 CLINTON CT Ames, IA 50010		50	<input checked="" type="checkbox"/>
"	ID# CK#	CHARLES BRUNER 1148 OKLAHOMA Ames, IA 50014		50	<input checked="" type="checkbox"/>
"	ID# CK#	THOMAS BCELL 1217 ROOSEVELT AVE Ames, IA 50010		50	<input checked="" type="checkbox"/>
"	ID# CK#	MARY ANN LUNDY 4316 PHOENIX Ames, IA 50014		35	<input checked="" type="checkbox"/>
"	ID# CK#	KENNETH J. CAMERON 2707 DUFF AVE Ames, IA 50010		50	<input checked="" type="checkbox"/>
"	ID# CK#	SIRI H. LARSON 4914 ONTARIO ST. Ames, IA 50014		25	<input checked="" type="checkbox"/>
"	ID# CK#	CASH FROM PASS THE HAT		173	<input checked="" type="checkbox"/>
4-19-10	ID# CK#	JANE T. ZARING 1955 MEADOWS GLENN Ames, IA 50014		50	<input checked="" type="checkbox"/>
"	ID# CK#	JON FLEMING 401 PEARSON Ames, IA 50014		150	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 683	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

For Instructions, See Back of Form



**CONTRIBUTIONS -- MONEY TAKEN IN**  
(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)		MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM		

COMMITTEE NAME (Must be same as on Statement of Organization)  
*Citizens for Wendt-Kroeschell*

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
Apr. 19, 2010	ID# CK#	MARLYS S. LADD 1408 COOLIDGE DR. AMES, IA 50010		\$ 50	<input checked="" type="checkbox"/>
"	ID# CK#	HENRY W. GRAY 1416 MAXWELL AMES, IA 50010		25	<input checked="" type="checkbox"/>
"	ID# CK#	SALLIE L. NOSTWICH 5422 FROST DR. AMES, IA 50014		50	<input checked="" type="checkbox"/>
4-30-2010	ID# CK#	CAROLE KAZMIERSKI 2039 INDIAN GRASS CT AMES, IA 50014		100	<input checked="" type="checkbox"/>
"	ID# CK#	AMY ANDREOTTI 321 PEARSON AVE AMES, IA 50014		100	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$325

TOTAL (if last page of this schedule)

\$3448

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(for Schedule A)



FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

# EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE <b>B</b> (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

*Citizens for Wesel-Krauschell*

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
1-26-10	ID# CK# 4151	U.S. Postmaster Ames, Iowa 50010	STamps	\$99.44
1-30-10	ID# CK# 4152	Story Co. Democrats	Sound system Rent	25.00
3-03-10	ID# CK# 4153	Jet Print 301 MAIN ST Ames, IA 50010	Invitation Printing	126.52
3-5-10	ID# CK# 4154	Staples 1333 Buckeye Ames, IA 50010	Mailing supplies	58.82
3-8-10	ID# CK# 4155	US Postmaster Ames, IA 50010	Mailing postage	125.70
4-12-10	ID# CK# 4156	Staples 1333 Buckeye Ames, IA 50010	Office Supplies	101.61
4-30-10	ID# CK# 4157	Staples 1333 Buckeye Ames IA 50010	Office Supplies	33.67
	ID# CK#			
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$570.76

## THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)